State of Wisconsin
Department of Natural Resources (DNR)
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Instructor Number # assigned by Dept

# Trapper Education Instructor Training Records & Application

Form 8500-162T (R 09/16)



**Important**

- This application is an approval mechanism for candidates wishing to become fully certified Wisconsin Cooperative Trapper Education Program (WCTEP) Instructors.
- Candidates must be 18 years of age or older, be or become a graduate of the WCTEP program and must not have been convicted of a domestic violence violation or felony.
- Completion of this form authorized by NR 19.30 Wisconsin Administrative Code and is required for consideration.
- Personally identifiable information on this form will be used during your character, background and criminal history checks, safety course notifications, and may also be available for compliance with Open Records Requests per State Statutes 19.31-39.
- Submittal of this application will initiate a complete character, background, and criminal history check in accordance with State Statutes 23.33(5) (b), 29.591, 30.74, and 350.05(2) and information obtained will be reviewed by Recreational Safety Wardens (RSW's) who are not at liberty to discuss their findings.
- After completion send application to the WCTEP DNR statewide coordinator: Trapper Education WM/6
  101 S. Webster Street
  Madison, WI 53707
- All volunteer instructors serve at the discretion of the DNR and WI Trappers' Association (WTA).
- Candidates will be notified of application status.
- Candidates can obtain their own background check through a law enforcement agency.

- Are you a graduate of the WCTEP? ◯ **Yes** ◯ **No**
- WCTEP instructors are required to be active members of the Wisconsin Trappers' Association.
  Are you a member of the WTA? ◯ **Yes** ◯ **No**
- Have you received Department notification that you were approved to apprentice? ◯ **Yes** ◯ **No**
  (if Yes, only complete the Background Check Release and Applicant Name boxes and continue to page 2)

**Background**

- Have you ever been arrested, charged or convicted of an act related to domestic violence, children or other crimes? ◯ **Yes** ◯ **No**

**Background Check Release**

I hereby empower the Department or its authorized representative bearing this release to obtain information and records pertaining to me from any or all of the following sources: Selective Service System, any current or previous employer, any school, college, university or other educational institution I may have attended and any law enforcement agencies (including criminal history record checks). I understand that this information is necessary for determining my eligibility and suitability for certification as a Department of Natural Resources Volunteer Safety Program Instructor. Therefore, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, because of compliance with this authorization or request to release information or any attempt to comply with it.

_____ *Date* _____

*Applicant's Signature*

**Applicant Information**

| **Applicant Name** (PRINT full legal name) | | | **Date of Birth** | **Gender** | **DNR Customer Identification Number** |
|---|---|---|---|---|---|
| First | Last | MI | mm / dd / yyyy | ◯ **Male** ◯ **Female** | CID # |

| Residence **Address:** | City | State | ZIP Code | County of residence |
|---|---|---|---|---|

| PO Box **Address** (if applicable) | City | State | ZIP Code | **E-mail** |
|---|---|---|---|---|

**Phone Number(s)**

| Home: | Cell: | Work: |
|---|---|---|

State of Wisconsin
Department of Natural Resources

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**Apprentice Skills and Abilities:** (Policy and Procedure Manual)

- ☐ Knowledgeable of subject matter
- ☐ Ability to work in teams/groups
- ☐ Effective communication
- ☐ Holds student interest and can control class
- ☐ Organizational and planning skills
- ☐ Wears appropriate attire
- ☐ Ethical use of cable restraints
- ☐ Ethical use of body-grip traps
- ☐ Ethical use of enclosed trigger traps
- ☐ Ethical use of snares
- ☐ Ethical use of foothold traps
- ☐ Understand ethics and responsibility
- ☐ Represents trappers & the WTA in a positive manner
- ☐ Represents Wisconsin DNR in a positive manner

**Records Management:** (Policy and Procedure Manual)

- ☐ Use of course initiation process by online registration or by contacting the DNR Statewide Coordinator via phone or email 4-6 weeks prior to class.
- ☐ Use of Student Registration Triplicate Forms (Form 8500-124)
- ☐ Use of Course Roster & Remittance (Form 8500-125)
- ☐ Use of Wisconsin Cooperative Trapper Education Program Code of Conduct

**Training**

- ☐ Will attend workshops and training sessions

**Instructor Manual**

- ○ Yes ○ No Instructor manual needed

**APPRENTICE Section only:** I certify that I have been trained in the above areas and that the information provided is true and correct. Furthermore, I agree to abide by the standards and policies set forth in the Instructor Policy and Procedure Manual.

**Apprentice's Signature:** _____ *Date* _____

District: _____

**SPONSOR Section only:** Thank you for sponsoring this instructor candidate.
Please review this form with the candidate before applying your approval and giving your recommendation.

- Carefully evaluate the Apprentice's Skills, Abilities and Knowledge
- Take time to complete this form and be sure to contact the DNR statewide coordinator.

**Notice:** An Apprentice is required to assist teach with at least two safety courses (list those courses below)

| Date | Course # | Course Location | Portions of chapters / lesson plans taught |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**SPONSOR**: Please describe briefly why you recommend this applicant for certification?

○ Yes ○ No I certify the above apprentice instructor training record is true and accurate.

_____ *Date* _____ Instructor # _____

**Sponsor Instructor's Signature**

How would you like to be contacted regarding this application

☐ Phone_____ ☐ E-mail_____

**DNR USE ONLY**

Local RSW Check

☐ CCAP ☐ DNR Citations ☐ DOJ, CHRI & NCIC ☐ DOT

Local Warden check

☐ local background check

☐ Background check completed _____ Exam received ○ **Yes** ○ **No** Score _____

○ Yes - RSW approves and certifies candidate as Instructor
○ No - RSW does not approve

_____ / _____

*RSW Signature.* *Date*